| Form 3160-5<br>(June 1990)                           | UNITED STATES  DEPARTMENT OF THE INTERIOR  BUREAU OF LAND MANAGEMENT  | PORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.   |
|--|---|--|
| Do not use   | SUNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals | 14-20-0603-10010  6. If Indian, Allottee or Tribe Name Navajo Tribal   |
|  | SUBMIT IN TRIPLICATE  | 7. If Unit or CA, Agreement Designation  |
| I. Type of Well Oil Well 2. Name of Operate          | Gas Well Other Or   | 8. Well Name and No.<br>North Hogback 12#10  |
| Raymo  | ond T. Duncan   | 9. API Well No.  |
| P. 0.  | Box 420, Farmington, NM 87499 (505) 325-1821 (Footage, Sec., T., R., M., or Survey Description)   | 10. Field and Pool, or Exploratory Area<br>Slickrock Dakota  |
|  | FNL - 165' FEL<br>12, T29N, R17W, NMPM  | 11. County or Parish, State  San Juan, NM  |
|  | ECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR  | T, OR OTHER DATA   |
|  | E OF SUBMISSION TYPE OF ACTION  Notice of Intent  | Change of Plans  |
| _  | Subsequent Report DEC 0 5 1991 Recompletion Plugging Back Casing Repair   | New Construction Non-Routine Fracturing Water Shut-Off   |
| □ <sub>F</sub>                                       | Final Abandonme Office CON. D!V. Altering Casing Other Long-term Shut-in  | Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  |
|  | equest long term shut-in because this well is un<br>n paying quantities.  | able to produce  |
|  | THIS APPROVAL EXPIRES   |  |
| I. I have by certify the Signed                      | syche foregoing is true by correct  MANUALL Sub Correct  Title Agent  | 11-9-91  |
| (This space for For Approved by Conditions of appro- | oval, if any:   | Date   |
| the IR U.S.C. Carrier                                | 1 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United Sta   | or any falsa facility.   |
|  | any matter within its jurisdiction.  *See instruction on Reverse Side   |  |
|  |   | Control of the Contro |